| (Requestor's Name) | |
|----------------------------------------|-------------------------------------------------------------------|
| (Address) | |
| (Address) | 900276841349 |
| (City/State/Zip/Phone #) | |
| | 09/09/1501012021 **78.75 |
| (Business Entity Name) | |
| (Document Number) | SEP 24 |
| ified Copies Certificates of Status | $\square \cong \mathbf{P} \supseteq$ |
| pecial Instructions to Filing Officer: | |
| | |
| | ALLARYS 24 |
| | DIE SEP 24 AM II: 20 SECRETARY OF STATE TALLAHASSEE FLORIDA |
| Office Use Only | |

COVER LETTER

TO: Registration Section Division of Corporations

ProSelect Insurance Company

SUBJECT:

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Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Anne B. Seggerman, Senior Regulatory Counsel

| | Name | of Perso | n | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------|
| | Co | verys | | |
| | Firm/C | Company | | ······ |
| | One Financial Co | enter, 13th | Floor | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Ac | ldress | · · · · · · · · · · · · · · · · · · · | |
| | Boston, I | MA 0211 | 1 | |
| · · · · · · · · · · · · · · · · · · · | City/Stat | e and Zij | o cođe | |
| | aseggerman(| @coverys. | com | |
| E | -mail address: (to be use | ed for fut | ure annual report | notification) |
| For further information cond | erning this matter, pleas | se call: | | |
| Anne Seggerman | 617 |) | 128-9844 | |
| Name of Person | Area C | Code | Daytime Telep | hone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Enclosed is a check for the f | ollowing amount: | | | |
| □ \$70.00 Filing Fee ■ | \$78.75 Filing Fee & Certificate of Status | • | 75 Filing Fee & ified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |

COVERYS

BY OVERNIGHT DELIVERY

September 8, 2015

Registration Section Florida Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: ProSelect Insurance Company Registration For Authorization to Transact Business in Florida

Dear Sir or Madam:

Enclosed please find the application of ProSelect Insurance Company ("ProSelect") for authorization to transact business in Florida. I also enclose:

- Check in the amount of \$78.75 for the filing fee and a Certificate of Status;
- Complete listing of the Company's directors and officers; and
- Original Certificate of Compliance dated July 27, 2015 issued by ProSelect's domestic regulator, the Massachusetts Division of Insurance.

Please send the Certificate of Status to my attention.

I am available at (617) 428-9844 or <u>aseggerman@coverys.com</u> if additional information would be helpful.

Thank you and regards,

anne BAeggerman

Anne B. Seggerman Senior Regulatory Counsel

Encl.



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2015

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ANNE B SEGGERMAN COVERYS ONE FINANCIAL CENTER, 13TH FLOOR BOSTON, MA 02111

SUBJECT: PROSELECT INSURANCE COMPANY Ref. Number: W15000060509

We have received your document for PROSELECT INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 215A00019389



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ProSelect Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

| N/A |
|-----|
|-----|

1.

| Massachusetts | | 04-1012400 | |
|---------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------|
| (State or country | under the law of which it is incorporated) | (FEI numbe | er, if applicable) |
| 5/30/1856 | | Perpetual 5. | |
| (Date | of incorporation) | (Date of duration, i | f other than perpetual) |
| Has not transa | cted business in Florida. | | |
| | (Date first transacted busines (SEE SECTIONS 607.1501 & 607 | s in Florida, if prior to registration 1502, F.S., to determine penalty | - |
| One F | inancial Center, 13th Floor, Boston, MA | 2111 | |
| | (Prir | cipal office address) | |
| Same | | | |
| | (Current ma | iling address, if different) | ,,,,,,,,,,,,,,,,,, |
| Name and <u>street</u> Name: | <u>t address</u> of Florida registered agent: (CT Corporation System | P.O. Box <u>NOT</u> acceptable) | 2015 SEP |
| fice Address: | 1200 South Pine Island Road | | 24 AH ARY OF SSEEF |
| | Plantation | , Florida | |
| | (City) | (Zip code) | |

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jordan Brown, Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

DIDECTORS .

<u>``</u>•

| . DIRECT | · · · · · | | | |
|---------------|-----------------------------------------------------------------------------------------|--------------|---------|----------------------|
| hairman: | Brenda E. Richardson, M.D. | | | |
| ddress: | 118 School Street, Manchester, MA 01944 | | | |
| uuress | | | | |
| | Erwin A. Stuebner, Jr., M.D. | <u> </u> | | |
| ice Chairma | · · · · · · · · · · · · · · · · · · · | | | |
| ddress: | 95 Sabin Drive, Williamstown, MA 01267 | | | |
| | | | | |
| ·] | heodore A. Calianos, II, M.D., FACS | | | |
| irector:5 | Industrial Drive, Suite 107, Mashpee, MA 02469 | | | |
| ddress: | | | | |
| · | | | | |
| irector: | laryanne C. Bombaugh, M.D., MS, FACOG | | | |
| | Clowes Drive, Suite 107, Falmouth, MA 02540 | | | |
| | | | | |
| . OFFICE | | | | |
| (| regg L. Hanson, CEO and President | Ľ | ~ | |
| | ne Financial Center, 13th Floor, Boston, MA 02111 | | 5 | SIDS-12-21 |
| | | <u></u> | SEP | |
| | | SS: | +- ℃ | 1 1 |
| ice President | Erin B. Bagley, Asst. Secretary/Clerk, Vice President and General Counsel | 15 T | AN | |
| ddress: | One Financial Center, 13th Floor, Boston, MA 02111 | | • • | Ti ^{nt} set |
| | | 22 | 20 | , |
| | James J. Moran, Jr., Esq., CPCU, ARe, Secretary | | | |
| ecretary: | Qunicy Mutual Group, 57 Washington Street, Quincy, MA 02169 | <u> </u> | | |
| ddress: | | | | |
| reasurer: | Richard G. Hayes, Treasurer, CFO and Senior Vice President | | | |
| ddress: | One Financial Center, 13th Floor, Boston, MA 02111 | | | |
| | | | | SEE |
| OTE: If no | cessary, you may attach an addendum to the application listing additional officers -2 | and/or dir | ectors | |
| 2. <u>[</u>] | Signature of Director or Officer | | | |
| he officer o | director signing this document (and who is listed in number 11 above) affirms the | at the facts | state | d herein |
| e true and t | hat he or she is aware that false information submitted in a document to the Depart | | | |
| - | felony as provided for in s.817.155, F.S. | | | |
| BErin B. | Bagley, Asst Secretary/Clerk, Vice President and General Counsel | | | |
| | (Typed or printed name and conseity of person signing application) | | | |

(Typed or printed name and capacity of person signing application)

Directors/Officers of ProSelect Insurance Company

Address: One Financial Center, 13th Floor, Boston, MA 02111

Board of Directors:

Brenda E. Richardson, M.D., *Chair* 118 School Street, Manchester, MA 01944

Erwin A. Stuebner, Jr., M.D., Vice Chair 95 Sabin Drive, Williamstown, MA 01267

James J. Moran, Jr., Esq., CPCU, ARe, Secretary/Clerk Quincy Mutual Group, 57 Washington Street, Quincy, MA 02169

Gregg L. Hanson, Chief Executive Officer & President

One Financial Center, 13th Floor, Boston, MA 02111

Maryanne C. Bombaugh, M.D., MS, FACOG, Director

81 Clowes Drive, Falmouth, MA 02540

Theodore A. Calianos, II, M.D., FACS, Director

5 Industrial Drive, Suite 107, Mashpee, MA 02649

Paul J. Desjardins, D.M.D., Ph.D., Director

40 Durand Road, Maplewood, NJ 07040

Michael B. Driscoll, Director

Crosbie-Macdonald Agency, a division of Starkweather & Shepley Insurance 1 University Avenue, Suite #188, Westwood, MA 02090

Ronald W. Dunlap, M.D., *Director* South Shore Cardiology, 851 Main Street, Suite 14, South Weymouth, MA 02190

John H. Gillespie, *Director* 50 Alexander Way, Duxbury, MA 02332

Michael W. Louge, *Director* 1995 Sherborne Lane, Powell, OH 43065

Donna M. Norris, M.D., *Director* 54 Cartwright Road, Wellesley, MA 02481

Deanna P. Ricker, M.D., *Director* 105 Chestnut Street, Suite 27, Needham, MA 02492

Robert K. Sheridan, *Director* 16 Camelot Drive, Hingham, MA 02043 2015 SEP 24 AH 11: 20

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D&O listing as of: 06/17/2015

Page 2 - List of Directors and Officers - ProSelect Insurance Company

Officers:

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| Chair: Address: | Brenda E. Richardson, M.D. 118 School Street, Manchester, MA 01944 |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Vice Chair: Address: | Erwin A. Stuebner, Jr., M.D. 95 Sabin Drive, Williamstown, MA 01267 |
| Chief Executive Officer & President: Address: | Gregg L. Hanson One Financial Center, 13 th Floor, Boston, MA 02111 |
| Treasurer, Chief Financial Officer & Senior Vice President: Address: | Richard G. Hayes One Financial Center, 13 th Floor, Boston, MA 02111 |
| Secretary/Clerk: Address: | James J. Moran, Jr., Esq., CPCU, ARe Quincy Mutual Group, 57 Washington Street, Quincy, MA 02169 |
| Asst. Secretary/Clerk Vice President General Counsel: Address: | Erin B. Bagley One Financial Center, 13 th Floor, Boston, MA 02111 |
| Chief Operating Officer: Address: | Joseph G. Murphy One Financial Center, 13 th Floor, Boston, MA 02111 |
| Chief Information Officer & Chief Claims Officer: Address: | Donna Miele-Cesario One Financial Center, 13 th Floor, Boston, MA 02111 |
| Chief Underwriting Officer Address: | José R. Zorola One Financial Center, 13 th Floor, Boston, MA 02111 |
| Senior Vice President Marketing: Address: | Michael R. Kubik One Financial Center, 13 th Floor, Boston, MA 02111 |
| | |



William Francis Galvin Secretary of the Commonwealth **The Commonwealth of Massachusetts** Secretary of the Commonwealth State House, Boston, Massachusetts 02133

September 22, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

ABINGTON MUTUAL FIRE INSURANCE COMPANY

was incorporated under the General Laws of this Commonwealth on May 30, 1856 (Chapter 210, Acts of 1856).

I also certify that in Articles of Amendment filed here March 21, 1989, the name of said corporation was changed to:

ABINGTON MUTUAL INSURANCE COMPANY

I further certify that in Articles of Amendment filed here January 1, 1996, the name of said corporation was changed to:

PROSELECT INSURANCE COMPANY

I further certify that so far as appears of record here said corporation still has legal existence.



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

William Themins Galicin

Secretary of the Commonwealth

Processed By:jbm